CMCSS
Employee Training Verification Sheet

(Duplicate as necessary) **(Duplicate as necessary)**

_____
School/Site

_____ _____
Supervisor's Signature* Date

* Supervisor's Signature Affirms Staff Listed Have Received Required Training

Name (Printed or Type)	Sexual Harassment	Child Abuse Awareness & Reporting	OJI/Risk Management/Safety	Bloodborne Pathogens	District Communications & System Usage	Employee Discipline	Copyright Materials	Title VI/IX	FERPA	IS0 9001

Employees are to print name and initial respective column when each area of training is completed.